121 000 246225

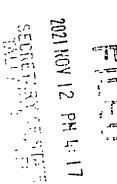
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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Q. SILAS
DEC -6 2021

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COVER LETTER

TO: Registration So Division of Co			
ED MCCC SUBJECT:	OMBS HANDYMAN, LLC		
SUBJECT:	Name of Lin	nited Liubility Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Corey Bray		
	·	Name of Person	
	LegalNature LLC	•	
		Firm/Company	W857-4444
	8 The Green Suite 4336		
	 · · · .	Address	
	Dover, DE 19901		
		City/State and Zip Code	
	2d97ada66975-formation@	-	
		to be used for future annual report no	etification)
For further information of	concerning this matter, please o	all:	
Corey Bray		888 881-1139 at ()	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	rl 34314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 NOV 12 PM 4: 17

ED MCCOMBS HANDYMAN, LLC (Name of the Limited Liability Company as it now appears on our records.) A 1 1 1 1 1 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/26/2021 _____ and assigned Florida document number L21000246225 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jet Set Fencing LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____, Florida ___

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	John Paul Whibbs	228 Sabine Drive	≅Add
		Pensacola Beach	□ Remove
		FL 32561	□Change
			□ Add
			□ Remove
			Change
			□Add
			□ Remove
			□ Change
			□ Add
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N/A	n, enter change(s) bere: (Attach addi	
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tive date, if other than the di	te of filing:	(optional) more than 90 days after filing.) Pursuant to 605
If the date inserted in this block	does not meet the applicable statutory fill	ing requirements, this date will not be liste
ment's effective date on the Dep	runent of State's records.	
ord specifies a delayed effective d	ste, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th day after
filed.		
Variantes 1	7074	
November 1	2021	
	10 17	
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EDM	Contra	
E M	pasture of a member or authorized representative	ve of a member

Filing Fee: \$25.00